Chlamydia trachomatis/Neisseria gonorrhoeae (Non-Culture)
State of Michigan - Regional Laboratory Test Requisition

Date Received in Laboratory	Laboratory Sample #

Michigan Department of Community Health-Bureau of Laboratories
3350 N. Martin Luther King Jr. Blvd.
PO Box 30035
Lansing, Michigan 48909
Laboratory Records: 517-335-8059 Technical Information: 517-335-8067 Fax: 517-335-9871
http://www.michigan.gov/mdchlab

Saginaw County Health Department
1600 North Michigan
Saginaw, Michigan 48602
Telephone: 989-758-3825
Fax: 989-758-3755
http://www.saginawpublichealth.org

1 **SUBMITTER INFORMATION** — ENTER AGENCY CODE (IF KNOWN)

Return Results to: FP O Phone; STD O Fax

CONTACT PERSON/ORDERING PHYSICIAN/PROVIDER NAME — NATIONAL PROVIDER IDENTIFIER #

2 — 3

PATIENT INFORMATION

NAME (Last, First, Middle Initial)

4

DATE OF BIRTH (MM/DD/YYYY) — GENDER

5 — 6 Male O Female O

PATIENT'S CITY OF RESIDENCE — ZIP CODE

7 — 8

RACE (check all that applies)

9 O Black O Native American or Alaskan O White O Hawaiian/PI O Asian O Unknown
O Other (specify)_____

ETHNICITY (check one response) — SUBMITTER'S PATIENT # (if applicable)

10 Hispanic O Yes O No O Unknown
Arab Descent O Yes O No O Unknown — 11

BILLING INFORMATION (complete all areas that apply) — MEDICAID/PLAN FIRST # — 12

O CONFIDENTIAL TESTING (Insurance other than **MEDICAID** will not be billed: patient/submitter is responsible for test cost)

O BILL THE SUBMITTER

13 INSURANCE PROVIDER OTHER THAN MEDICAID

SUBSCRIBER'S NAME (Last, First, Middle Initial)

14

RELATIONSHIP TO SUBSCRIBER — GROUP #

15 O Self O Spouse O Dependent — 16

POLICY/CONTRACT #

17

►►► ***FOR ENTRY OF SPECIMEN INFORMATION PLEASE USE REVERSE SIDE ◄◄◄***

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SPECIMEN INFORMATION																				
DATE COLLECTED (MM/DD/YYYY)									TIME COLLECTED											
18									19					O AM		O PM				
SUBMITTER'S SPECIMEN #																				
20																				
TEST REQUESTED																				
21	O *C. trachomatis* only (non-culture)								O *C. trachomatis and N. gonorrhoeae* combo (non-culture)											
SPECIMEN SOURCE																				
22	O Cervix	O Vagina	O Urine	O Urethra					O Rectum (Lansing only)					O Pharynx (Lansing only)						
REASON FOR TESTING - Check all areas that apply. (refer to definitions/explanations)																				
23	O Symptoms					O History of STD (<3 years)						O Age Recommended For Testing								
	O Infected Partner					O Partner Risk						O Prenatal Visit						O Retest		

Definitions/Explanations

Symptoms: Patient requesting examination due to symptoms, or, symptoms discovered upon examination.

Infected Partner: Patient has known exposure to STD (self-reported or documented).

Partner Risk: Patient has multiple sex partners.

History of STD: Patient has been diagnosed with a sexually transmitted disease within the last 3 years.

Prenatal Visit: Patient examination is part of prenatal visit.

Age Recommended: CDC recommends annual screening of females ≤ 24.

Retest: Patients diagnosed with chlamydia and gonorrhea should be retested approximately three (3) months after treatment, regardless of whether they believe that their sex partners were treated. If retesting at three months is not possible, clinicians should retest whenever that person next presents for medical care in the twelve months following initial treatment.

FP STD: This field is to be completed by sites supported by the Michigan Department of Community Health to provide STD and/or Family Planning services. Completion of this field will assist us in linking tests with the correct submitter site.

Zip Code: Patient zip code data is used to calculate screening rates in local jurisdictions and compare them to infection. The resulting information can be used to better target resources and testing.

Specimen Collection: Specimens must be collected using the appropriate collection kit as shown below. Specimens received in the wrong collection kit will not be tested and reported as "Unsatisfactory."

Specimen Source	Collection Kit
Endocervix, Urethra, Rectum, Pharynx	Aptima Unisex Swab
Urine	Aptima Urine Collection Kit
Vagina	Aptima Vaginal Swab

Rectal or Pharyngeal Swabs: Limited testing of rectal and/or pharyngeal specimens is available only in the Lansing laboratory. This is not intended for population based screening: MDCH recommends the use of this test only for patients with symptoms or known exposure.